Chris Aquino

From:

WMATC E-Filing [administrator@wmatc.gov]

Sent:

Thursday, May 30, 2013 12:32 PM

To:

Chris Aquino

Subject: Attachments: 2013 Annual Report - WMATC No: 1748, Carrier Name: Butler Medical Transport, LLC

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Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

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FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2013, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2013.** To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$150 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$150 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 2, 2013.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1748

Name of Carrier (as shown on certificate of authority): Butler Medical Transport, LLC

Trade Name: Butler Mobility Principal Place of Business

Street Address: 10233 S Dolfield Rd

Apt./Suite:

City: Owings Mills

State: MD Zip: 21117

Mailing Address (if different from street address)

Street: Apt./Suite: City: State:

Zip:

Telephone Number: (410)602-4007

Other Telephone: Fax Number:

E-mail: willrosenberg@butlermedicaltransport.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.: 2313402

DCTC No.:

Virginia DMV passenger carrier No.:

Maryland PSC No.:

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Name: Will Rosenberg

Title: C.O.O

Telephone Number: (410)602-407

Other Telephone: Fax Number:

E-mail: willrosenberg@butlermedicaltransport.com

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process: Chris Aquino

Agent Address: 8701 Georgia Ave

Apt./Suite: 808 City: Silver Spring

State: MD Zip: 20910

Telephone Number: (301)588-5260

E-mail:

5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or
form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the
carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such
changes have occurred.

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below; or (2) upload a complete vehicle list to this form. Include <u>all</u> required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
· · · · · · · · · · · · · · · · · · ·	1999	•			MD		Yes
a contribution of the cont	1998	-			MD		Yes
	1995			•	MD	.,	Yes
	1997				MD		Yes
2 2 3 7	1997	1 · 1 / 1000 · 1 · 1			MD		Yes
			\$ 				
***			· · · · · · · · · · · · · · · · · · ·				
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^{*}Your vehicle list was attached to your submission.

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: Jessica Goodwin
Title: Education Coordinator

Date: 05/30/2013

Butler Medical Transport Vehicle List

	Unit	Vehicle	VIN	Make	Year		License	Max. Seating	
,	Number	Туре					Plate	Capacity	State
J,	W/C 8	Wheelchair Van	1FTHS24L4VHC13345	Ford		1997	48957B	3	MD
V	W/C 1	Wheelchair Van	1FDKE30H7SHC15926	Ford		1995	07846P	7	MD
V	W/C 3	Wheelchair Van	1FTSS34LXXHA95106	Ford		1998	71318HV	6	MD
√	W/C 4	Wheelchair Van	1FTSS34S0WHB25543	Ford		1998	48959B	5	MD
V,	W/C 7	Wheelchair Van	1FTFE2428VHA92289	Ford		1997	48958B	4	MD
\checkmark	W/C 9	Wheelchair Van	1FTFE24465HC01848	Ford		1995	48956B	3	MD
	W/C 10	Wheelchair Van	1FTFE24Y4SHB76402	Ford		1995	48955B	3	MD
	W/C 12	Van	2B5WB35Z4YK104264	Dodge		2000	83147HV	5	MD
	W/C 15	Wheelchair Van	1FTPE2422WHA26455	Ford		1998	00063HT	4	MD
V,	W/C 16	Wheelchair Van	1FMZA51481BB25200	Ford		2001	01036HT	5	MD
V,	W/C 17	Wheelchair Van	1FDWE35F51HB67124	Ford		2001	01043HT	5	MD
V.	W/C 18	Mobility Sedan	1HGCG16591A008385	Honda		2001	04932HT	3	MD
V	W/C 19	Van	287HB21Z6TK107840	Dodge		1996	08040HT	7	MD
V	,W/C 21	Wheelchair Van	1FDWE35F53HA37606	Ford		2003	48953B	5	MD
V	W/C 22	Wheelchair Van	1FDWE35F63HA37601	Ford		2003	48954B	5	MD
	W/C 23	Wheelchair Van	2D7LB31Z03K526398	Ford		2003	21726HT	7	MD
\bigvee	W ₂ /C 24	Wheelchair Van	2D7LB31Z63K526390	Dodge		2003	22838HT	7	MD
	V,1108	Limo	1L1FM81W41Y624366	Lincoln		2001	03849LM	7	MD
	√ 1109	Party Bus	1FDXE45S82HA25116	Ford		2002	06219P	15	MD
V	W/C 5	Wheelchair Van	1FTFE24Y8SH838980	Ford		1995	YXT2026	4	MD
√	W/C 11	Wheelchair Van	1FTFE24Y3SHC24133	Ford		1995	YXK5368	3	MD
V	W/C 13	Wheelchair Van	1FTSS34LX1HB73598	Ford		2001	BA60271	3	MD
V	W/C 14	Wheelchair Van	1FTSE34L21HB54468	Ford		2001	BA60270	4	MD
/	W/C 20	Wheelchair Van	1FBJS31L6VHA69359	Ford		1997	HPB3178	3	MD